## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
CREDO SUPERPAC	C C00507517	
Check if 24-hour report X 48-hour report New report Amends report filed on		
Full Name of Payee Mike Biggs	Date of Public Distribution/Dissemination	
	09 15 2014	
Mailing Address 352 Brookwood Lake Place	Amount	
City State Zip Code	2750.00	
Byram MS 39272	Transaction ID : SE.14774  Date of Disbursement or Obligation	
Purpose of Expenditure Canvassing  Category/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate Suppor	t Office Sought: House District: 00	
TERRI LYNN LAND Oppose	President State: MI	
Calendar Year-To-Date Per Election for Office Sought 27093.07	Disbursement For:  Primary  General 2014  Other (specify) ▶	
Full Name of Payee	Date of Public Distribution/Dissemination	
Credo Mobile	09 16 Y Y Y Y Y	
Mailing Address 101 Market Street	Amount	
Suite 700	7.1.04.11	
City State Zip Code San Francisco CA 94105	1175.42 Transaction ID : SE.14776	
	Date of Disbursement or Obligation	
Purpose of Expenditure Phones  Category/ Type	09 / 16 / 2014	
Name of Federal Candidate Suppor	t Office Sought: House District: 00	
TERRI LYNN LAND Oppose	President Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 37154.55	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶	
(a) CURTOTAL of Harrison Index and the Control Index		
(a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
	Date 09 17 2014	
Signature		

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER ▼	
CREDO SUPERPAC	C C00507517
Check if 24-hour report X 48-hour report New report Amends report filed on	
Full Name of Payee Progressive Campaign Leadership	Date of Public Distribution/Dissemination
	09 15 2014
Mailing Address 2446 University Ave. W., Suite 170	Amount
City State Zip Code	8886.06
St. Paul MN 55114	Transaction ID : SE.14775  Date of Disbursement or Obligation
Purpose of Expenditure Canvassing  Category/ Type	09 / 15 / 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
TERRI LYNN LAND Oppose	President State: MI
Calendar Year-To-Date Per Election for Office Sought  Dist 201	oursement For: Primary X General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	ce Sought: House District:
Oppose	President Senate State:
Caloridat Total To Bato	oursement For: Primary General
Per Election for Office Sought	Other (specify) >
(a) SUBTOTAL of Itemized Independent Expenditures	8886.06
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	12811.48
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Becky Bond [Electronically Filed] Date	09 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	